



## GRADUATE TRAINEE INTERVIEW

Name: \_\_\_\_\_

First

Last

Date of interview: \_\_\_\_\_ Graduation Date: month \_\_\_\_\_ Year \_\_\_\_\_

Sex:  Male  Female

Age:  18 – 24  25 – 34  35 – 50  50+

Ethnicity:  White  African American  Native American  Hispanic  Other: \_\_\_\_\_

Classification per NCDOT records (from spreadsheet): \_\_\_\_\_

Training beginning date: month \_\_\_\_\_ year \_\_\_\_\_

Length of time on the job:  Less than 6 months  6 months or more

Contractor: \_\_\_\_\_

Name of your Supervisor: \_\_\_\_\_

Job Site: \_\_\_\_\_

1. Are you applying your skills and knowledge that you learned during your training?  Yes  No

2. Did you receive a graduation certificate from your employer?  Yes  No

3. Did you receive a graduation certificate from NCDOT?  Yes  No

3. Are you satisfied with the training you received from your employer?  Yes  No

4. Has the OJT Program benefited you personally?  Yes  No

\*If yes, which one is the most important to you?

To plan and become more organized with your time

To build and develop relationships with others

To build and gain self confidence

5. Did you receive the training in accordance with your job classification?  Yes  No

7. Would you recommend the OJT program to your co-workers?  Yes  No

8. What advice would you give a new trainee, who has just entered the OJT program?  
\_\_\_\_\_

9. Has it been beneficial for you to meet with an OJT representative during your training?  Yes  No

10. Do you have any comments or suggestions about the OJT program?  
\_\_\_\_\_

Trainee Signature: \_\_\_\_\_

OJT Representative Signature: \_\_\_\_\_